

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101583964

FILING DATE

6-21-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1				51						
2			1				52						
3					1		53						
4					1		54						
5					1		55						
6			1				56						
7			1				57						
8					1		58						
9					1		59						
10					1		60						
11			1				61						
12					1		62						
13			1				63						
14					1		64						
15					1		65						
16					1		66						
17					1		67						
18					1		68						
19					1		69						
20					1		70						
21					1		71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			6										
TOTAL DEP.			15										
TOTAL CLAIMS			21										